
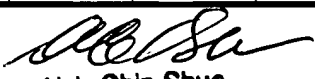



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|--|-------------------------|---|--|
| <b>Issue Classification</b><br> | Application/Control No. | Applicant(s)/Patent under Reexamination |  |
|  | 10/665,681              | LOCKHART, WALTER                        |  |
|  | Examiner                | Art Unit                                |  |
|  | Alvin C. Chin-Shue      | 3634                                    |  |

| ISSUE CLASSIFICATION   |          |   |                                   |                          |  |                 |  |  |  |
|--|----------|---|-----------------------------------|--------------------------|--|-----------------|--|--|--|
| ORIGINAL   |          |   | CROSS REFERENCE(S)                |                          |  |                 |  |  |  |
| CLASS  | SUBCLASS | CLASS   | SUBCLASS (ONE SUBCLASS PER BLOCK) |                          |  |                 |  |  |  |
| 182  | 70       | 182   | 86                                | 18                       |  |                 |  |  |  |
| INTERNATIONAL CLASSIFICATION   |          |   |                                   |                          |  |                 |  |  |  |
| A62  | B1       |   |                                   |                          |  |                 |  |  |  |
|  |          |   |                                   |                          |  |                 |  |  |  |
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|  |          |   |                                   |                          |  |                 |  |  |  |
|  |          |   |                                   |                          |  |                 |  |  |  |
|  |          |   |                                   | Total Claims Allowed: 16 |  |                 |  |  |  |
| (Assistant Examiner) (Date)  |          | <br>Alvin Chin-Shue<br>Primary Examiner |                                   | O.G. Print Claim(s)      |  | O.G. Print Fig. |  |  |  |
| <br>Tonga Ubride<br>(Legal Instruments Examiner) (Date) |          | (Primary Examiner) 7.3.06 (Date)  |                                   | 1                        |  | 2               |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|---|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final   | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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